

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 09/04/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 09/06/2006						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	171	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8533	8	SERVICE FACILITY LOCATION CANN	0	184	189	5
				OT BE AN ATTENDING PROVIDER				
				IDENTIFIED AS AN INDIVIDUAL.				
		3411	4	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404904	WESTERN HIGHLAN	11	73	CLIENT NOT ELIGIBLE ON SERVICE				
	DS LME			DATE				
		0	0		0	73	73	0
3404910	PATHWAYS	11	218	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8599	180	DETAIL NOT COVERED BY COMBINAT	28	487	3431	2943
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8536	30	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404912	CATAWBA COUNTYM	8599	29	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE	8	49	1567	1518
				RVICES IN IPRS.				
		3412	5	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404913	MECKLENBURG COM	8599	924	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	449	CLIENT ID NUMBER NOT ON STATE	133	1738	8116	6378
				ELIGIBILITY FILE				
		10	94	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404916	CROSSROADS BEHA	8599	60	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	52	NO RATE AVAILABLE ON FILE TO P	0	217	3233	3016
				RICE THIS CLAIM DETAIL				
		79	41	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404917	CENTERPOINT HUM	8599	1377	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	1198	CLIENT NOT ELIGIBLE ON SERVICE	316	5504	7305	1801
				DATE				
		21	878	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	21	115	DUPLICATE OF CLAIM-SYSTEM				
		8536	89	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	22	390	1043	655
		8599	81	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	21	1912	DUPLICATE OF CLAIM-SYSTEM				
		11	136	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2312	2542	230
		8534	107	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404921	ORANGE PERSON C HATHAM AREA	11	273	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		3411	221	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	528	818	290
		0	10	ZERO EOB APPLIED				
3404922	THE DURHAM CENT ER	11	97	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	97	97	0
3404923	FIVE COUNTY MH	11	644	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	352	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	1642	5551	3909
		8599	300	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	103	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE	5	199	3982	3783
		5404	16	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MD				
3404926	SOUTHEASTERN RE G MENTAL HL	21	515	DUPLICATE OF CLAIM-SYSTEM				
		8599	242	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	50	996	4355	3359
		8534	117	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M HC	8622	69	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	139	3335	3196
		11	11	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404930	JOHNSTON COUNTY MNTL HLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	9	9
3404931	WAKE CO HUM SVC BILLING OF	8599	81	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	13	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	107	217	110
		8952	8	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	16	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	95	1468	1373
		5308	12	PRIOR AUTHORIZED UNITS EXCEED D				
3404934	ONSLow CARTERET BEHAV HEAL	11	102	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8534	21	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	163	772	609
		8535	16	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	5	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	6	16	2705	2689
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	21	445	DUPLICATE OF CLAIM-SYSTEM				
		79	14	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	1	464	597	133
		8518	2	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE ALTH CENTER	8622	3	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		0	0		0	3	136	133
3404941	PITT CO MH/DD/S AS CENTER	11	802	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		7001	262	EXCEEDS THE ONE PER DAY LIMITA TION	12	1333	1559	226
		21	166	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	22	DUPLICATE OF CLAIM-SYSTEM				
		5404	3	SEVERE DUPLICATE: SAME ATTD FR OV/PCODE/TOS/DOS/MOD	1	28	535	507
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404943	ALBEMARLE MENTA L HEALTH CE	11	68	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		24	59	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	46	303	1559	1256
		3411	35	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404944	EASTPOINTE HUMA N SERVICES	79	50	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8533	38	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.	3	157	600	443
		10	28	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404946	FOOTHILLS AREAM ENTAL HEALT	11	5	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8535	1	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	0	6	6	0
3404957	TIDELAND MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM H/DD/SA PRO	11	219	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8932	1	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1	225	272	47
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				